


NEW UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket Number	23920-08335
		First Named Inventor	Robert Kehl Sink
		Title	Multi-Spot Laser Surgical Apparatus and Method
		Express Mail Label No.	EV334258715US

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
3. <input checked="" type="checkbox"/> Specification <span style="float:right">Total Pages <input type="text" value="20"/></span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Descriptive Title of the Invention</li><li><input checked="" type="checkbox"/> Cross Reference(s) to Related Case(s)</li><li><input checked="" type="checkbox"/> Statement Regarding Fed sponsored R &amp; D</li><li><input checked="" type="checkbox"/> Background of the Invention</li><li><input checked="" type="checkbox"/> Brief Summary of the Invention</li><li><input checked="" type="checkbox"/> Brief Description of the Drawing(s)</li><li><input checked="" type="checkbox"/> Detailed Description</li><li><input checked="" type="checkbox"/> Claim or Claims</li><li><input checked="" type="checkbox"/> Abstract of the Disclosure</li></ul>	9. <input checked="" type="checkbox"/> Power of Attorney or Authorization of Agent		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float:right">Total Sheets <input type="text" value="6"/></span>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement		
5. Oath or Declaration	11. <input type="checkbox"/> Preliminary Amendment		
a. <input checked="" type="checkbox"/> New Declaration <span style="float:right">Total Pages <input type="text" value="2"/></span> <input checked="" type="checkbox"/> Executed (original or copy)	12. <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Citation(s)		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>	13. <input checked="" type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	14. <input checked="" type="checkbox"/> Return Postcard		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	15. <input type="checkbox"/>		
	16. <input type="checkbox"/>		
	17. <input type="checkbox"/>		
<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____/____ Prior application information: Examiner: _____ Group/Art Unit: _____ <b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<div><input checked="" type="checkbox"/> Customer Number</div> <div style="font-size: 2em; margin-top: 10px;">00758</div>			
Name (Print/Type)	Michael W. Farn	Registration No. (Attorney/Agent)	41,015
Signature		Date	December 31, 2003

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 560

## Complete if Known

Application Number	Not yet known
Filing Date	December 30, 2003
First Named Inventor	Robert Kehl Sink
Examiner Name	Not yet known
Art Unit	Not yet known
Attorney Docket No.	23920-08335

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	385
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b> 385

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
35	-20**=15	9	135
Independent Claims	2	-3**=0	0
Multiple Dependent			0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					<b>(\$)</b> 135

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES


Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3)** (\$)

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type)	Michael W. Farn	Registration No. (Attorney/Agent)	41,015	Complete (if applicable)	Telephone (650) 335-7823
Signature		Date	December 31, 2003		

**NONPUBLICATION REQUEST  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor

Robert Kehl Sink

Title

Multi-Spot Laser Surgical Apparatus and  
Method

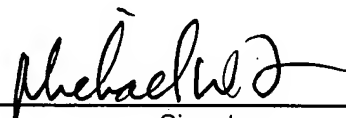
Atty Docket Number

23920-08335

I hereby certify that the invention disclosed in the attached application **has not been and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

December 31, 2003

Date



Signature

Michael W. Farn, Reg. No. 41,015

Typed or printed name, Reg. No.:

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**